PTO/SB/01 (10-00)

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DECI	LARATION .			cket Number	CRD0943CONT1		
POWER		First Named Inventor C		Clinton B. West			
FOR UTILITY OR DESIGN			COMPLETE IF KNOWN				
*****		rcharge	Application I	Number			
Declaration Submitted with			Filing Date		December 5, 2003		
millian ming on onoione			Group Art U	nit			
			Examiner Na	ame			
As a below named inventor, I hereby declare that:							
My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
ANEURYSM EMBOLIZATION DEVICE AND DEPLOYMENT SYSTEM							
the specification of which							
is attached hereto							
OR .							
was filed on as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY)							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as Amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign			Filing Date	Priority	Certified Copy		
Application Number(s)	Country	(MM/DI	D/YYYY)	Not Claime	d Attached? YES NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

DECLARATION - Utility or Design Patent Application						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date (MM/DD/YYYY)					
60/298,324	06/14/2001	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar						
as the subject matter of each of the claims	of this application is not disclosed in the prior	r United States application in the manner				
provided by the first paragraph of Title 35,	United States Code, §112, I acknowledge th	e duty to disclose material information as				
defined in Title 37, Code of Federal Regula	ations, §1.56(a) which occurred between the	filing date of the prior application and the				
national or PCT international filing date of						
Application Serial No.	Filing Date	Status				
10,141/411	05/08/2002 .	Pending				
		<u> </u>				
I hereby appoint:		Place Customer				
⊠ 8	Number Bar Code					
Practitioners at Customer Number						
4110		Label Here				
AND						
Practitioner(s) named below: Name Registration Number						
as my/our attomey(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.						
Address all telephone calls to Michael W. Montgomery at telephone number (786) 313-2922.						
Customer Number						
Direct all correspondence to: ☑ or Bar Co de Label 000027777 OR ☐ Correspondence address below						
Name:						
Address:						
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief ar believed to be true; and further that these statements wer made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: **Family Name** Given Name or Surname West (first and middle [if any]) Clinton B. Inventor's Date Signature Country U.S.A Citizenship U.S.A State Florida Residence: City Pembroke Pines Mailing Address 16570 N.W. 5th Court ZIP 33028 Country U.S.A State Florida Pembroke Pines City I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor **Family Name Given Name** or Surname (first and middle [if any]) Inventor's Date Signature Citizenship State Country Residence: City **Mailing Address** State ZIP Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF THIRD INVENTOR: A petition has been filed for this unsigned inventor **Family Name** Given Name (first and middle [if any]) or Surname Inventor's Signature Date State Country Citizenship Residence: City **Mailing Address**

ZIP

State

City

Country